

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90402 029 \*\*\*150.00

**DOCUMENT # H71501**

1. Entity Name  
**HAVEN WEST INC.**

Principal Place of Business  
**4600 RECKER HWY**  
**WINTER HAVEN FL 33880**  
**US**

Mailing Address  
**1000 U.S. HIGHWAY 27 NORTH**  
**HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3843 W. LAKE HAMILTON DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3843 W. LAKE HAMILTON DR.**  
 Suite, Apt. #, etc.

City & State  
**WINTER HAVEN, FL**  
 Zip  
**33881-8223** Country  
**USA**

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**WINTER HAVEN, FL**  
 Zip  
**33881-8223** Country  
**USA**

4. FEI Number **59-2626748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MATHEWS, EDWARD D.**  
**1000 U.S. HIGHWAY 27, NORTH**  
**HAINES CITY FL 33844**

## 7. Name and Address of New Registered Agent

Name  
**MATHEWS, EDWARD D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3843 W. LAKE HAMILTON DR.**  
 City  
**WINTER HAVEN FL** Zip Code  
**33881-8223**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Edward D. Mathews, EDWARD D. MATHEWS, DIRECTOR 4/11/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATHEWS, EDWARD D.</b> <b>1000 US HIGHWAY 27 NORTH</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATHEWS, CHARLES A.</b> <b>1000 US HIGHWAY 27 NORTH</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>MATHEWS, DAVID A.</b> <b>1000 US HWY 27 NO</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MATHEWS, PAMELA H</b> <b>1000 US HWY 27 NO</b> <b>HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3843 W. LAKE HAMILTON DR.</b> <b>WINTER HAVEN, FL. 33881-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3843 W. LAKE HAMILTON DR.</b> <b>WINTER HAVEN, FL. 33881-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3843 W. LAKE HAMILTON DR.</b> <b>WINTER HAVEN, FL. 33881-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3843 W. LAKE HAMILTON DR.</b> <b>WINTER HAVEN, FL. 33881-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward D. Mathews, EDWARD D. MATHEWS 4/11/02 (863) 294-9336  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)